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#### PS84.

##### Fistula First, Graft on Arterialized Vein Second

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**Objectives:** Arterovenous grafts (AVG) present a feasible solution for creating a conduit in patients with end stage renal failure who are unsuitable for autogenous fistula (AVF). Unfortunately, these vascular conduits are fraught with complications and failing access remains the leading cause of hospitalization for patients undergoing dialysis. The aim of this study is to assess the prevention rate of vein stenosis, placing a graft on an arterialized vein (GAV) instead of an anastomized AVG in a native vein (GNV).

**Methods:** This was a cohort study conducted from January 2009 to November 2012. All consecutive patients who underwent AVG in our institution were included. All patients requiring a secondary intervention were also referred to our center. Last follow-up data were recorded by telephonic interviews with the hemodialysis units that had referred patients to our department. Graft closures caused by pseudoaneurysm, death, infections, transplants, or related to proximal anastomosis were excluded from the data analysis. A Kaplan-Meier method was used to plot GAV-patency and GNV-patency; a Log-rank test was used to identify whether significant difference ( $P < .05$ ) existed between GAV and GNV.

**Results:** During the study 46 grafts were placed (299 access-related procedures). Twenty patients had arterialized receiving veins (group A), while 26 patients received an AVG immediately because they lacked autogenous veins suitable for fistula (group B). The average follow-up period was 16.1 months (range, 0-41). The group A 41 months-patency rate was 84.3%, while group B was 43.7% ( $P = .06$ ). Secondary patency was similar in the two groups.

**Conclusions:** Vein Arterialization seems to prevent venous stenosis improving AVG-patency rate. This finding increases the significance of fistula first approach even if a transposition or elevation is required, due to the positive results of placing grafts on arterialized vein for failed fistulas. More data are needed to improve statistical value; however, the borderline  $P$ -value encourages new studies.

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#### PS86.

##### Median Arcuate Ligament Syndrome: Evolution of Management at a Regional Institution

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**Objectives:** Median Arcuate Ligament Syndrome (MALS) remains one of the most controversial disease entities in vascular surgery. Its rarity and doubts about its mere existence often lead to a delay in diagnosis and/or suboptimal management of the disease. As a regional center, we present our experience in selecting and managing these patients.

**Methods:** A retrospective analysis of 27 patients that underwent surgical intervention for MALS between Jan 2006 to June 2012 was conducted to characterize patient demographics, presenting symptoms, method of selection and management, and symptomatic relief.

**Results:** The average age of the patient population was 54.8 years (range 18 to 76 years) and they were predominantly female (81%, 22 patients). Postprandial abdominal pain was the main symptom (93%), followed by nausea (85%), weight loss (85%), and diarrhea (37%). An inspiratory/expiratory arteriogram was performed in 26 (96%) patients prior to surgery in order to confirm the diagnosis. All patients underwent open division of median arcuate ligament and an additional revascularization procedure (celiac artery patch angioplasty in 15, arterial bypass in 11 and endarterectomy in one patient). Symptomatic relief was seen in 23 (85%) of patients at 6 month follow-up. Late recurrence of symptoms was seen in five (18.5%) patients. Of the five (18.5%) patients that required reintervention, only one required an open surgical repair. Complications were seen in four (14.8%) patients (wound infection, hernia, pancreatitis, and venous thromboembolism).

**Conclusions:** With careful patient selection and appropriate management, MALS can be managed with satisfactory outcomes. In our experience, open surgical release of the median arcuate ligament, along with arterial reconstruction is key to restoring adequate flow and for symptomatic relief. As our experience has evolved over years, arterial bypass has become our preferred method of arterial reconstruction.

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#### PS88.

##### Early and Mid-Term Results of Endovascular Treatment of Visceral Artery Aneurysms

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**Objectives:** To retrospectively analyze early and follow-up results of endovascular management of visceral artery aneurysms in a single centre experience.

**Methods:** From January 2007 to December 2012, 21 consecutive endovascular interventions for visceral artery aneurysms were performed in 21 patients; pre, intra and postoperative data were prospectively collected in a